



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED WITHDRAWS FOR RENTAL PAYMENTS

Originating Company: Luminest, Inc

I hereby authorize Luminest, Inc (1) to initiate debit entries to my account number indicated below at the depository named below and (2) to initiate, if necessary, credit entries or adjustments for any debit error.

Financial Institution _____
City _____ State _____ Zip _____
Transit/Routing ABA # _____ Account # _____
Account Type (check only one) [] Checking (please attach a canceled check)
[] Savings (please attach a deposit ticket, if available)

Monthly amount to withdraw is _____. Month to start withdraw is _____
If rental amount changes I authorize the new monthly amount to be withdrawn from the above account. Please inform Luminest Inc **immediately** if your bank account changes. As always, if the funds are returned due to an overdraft from the account then NSF & Late fees will be applied.

*If you are in doubt about the routing and account numbers and you do not have a deposit ticket to attach, please call your bank for assistance.

**The monthly withdrawal ONLY covers rent. All other charges such as work orders still need to be paid to your community via mail or drop box.

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This authority is to remain in full force and effect until Luminest Inc has received written notice of my intention to terminate this agreement (30 days notice is required).

Tenant Name - Please Print

Date

Tenant Signature

Social Security Number